



CONTROL NO. _____

TENNESSEE FRANCHISE TAX JOBS CREDIT BUSINESS PLAN

- (1) TAXPAYER _____
- (2) TAXPAYER MAILING ADDRESS _____
- (3) ACCOUNT NUMBER (FEIN) _____
- (4) PRINCIPAL BUSINESS ACTIVITY CODE (PIA) _____
- (5) PRIOR PLAN CONTROL NO. _____

DUE DATE

ON OR BEFORE THE LAST DAY OF THE FISCAL YEAR IN WHICH THE CAPITAL INVESTMENT IS MADE.

Please provide information from your prior return:

FISCAL YEAR	FRANCHISE TAX	TENNESSEE JOBS
(6) _____	_____	_____

CAPITAL INVESTMENT

- (7) AMOUNT _____
- (8) BEGIN/END DATE _____ / _____
- (9) DESCRIPTION OF PRINCIPAL BUSINESS ACTIVITY: _____
- _____
- _____
- _____
- _____

NEWLY CREATED TENNESSEE JOBS

	FRANCHISE TAX	TENN. JOB INCREASE	TOTAL TENN. JOBS	COUNTY
(10)	_____	_____	_____	_____
(11)	_____	_____	_____	_____
(12)	_____	_____	_____	_____

(13) THE STATEMENTS MADE ON THIS BUSINESS PLAN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (THIS BUSINESS PLAN MUST BE SIGNED BY AN OFFICER OF THE CORPORATION.)

**SIGN
HERE**

Officer of corporation (Do not print or use stamp)

Title

Date

Phone No.

FOR DEPARTMENT USE ONLY

Department of Revenue Delegate

Date